

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Association of State Democratic Chairs

ADDRESS (number and street)

430 S. Capitol Street SE

☐Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00259481

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2011

through

02

28

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ann Fishman

Signature of Treasurer

Electronically Filed by Ann Fishman

Date

03

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**

(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee has very limited administrative expenses because it contracts for services and does not maintain an office or staff. What administrative costs it does incur are primarily, if not exclusively, for travel and meeting expenses. These limited administrative costs are fully disclosed on its reports.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 12

Write or Type Committee Name
Association of State Democratic Chairs

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	37018.69
(b) Cash on Hand at Beginning of Reporting Period	32403.27	
(c) Total Receipts (from Line 19)	100.00	5453.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32503.27	42471.69
7. Total Disbursements (from Line 31)	9740.70	19709.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22762.57	22762.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Association of State Democratic Chairs

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	100.00	100.00
12. Transfers From Affiliated/Other Party Committees	0.00	4900.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	453.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	100.00	5453.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	100.00	5453.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	9740.70	19709.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	9740.70	19709.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9740.70	19709.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9740.70	19709.12	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	100.00	100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9740.70	19709.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	453.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9740.70	19256.12

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City
Newark

State
NJ

Zip Code
07101-0114

Purpose of Disbursement
Credit Card Paymetn - See Memo Items

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02412-0000

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2011

Amount of Each Disbursement this Period

2326.16

B.

Full Name (Last, First, Middle Initial)

James P. Walsh Sedan Services

Mailing Address 1155 Connecticut Avenue, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02412-04769

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2011

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Manchester Airport

Mailing Address One Airport Road

City
Manchester

State
NJ

Zip Code
03103

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02412-04824

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2011

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2326.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Embassy Suites

Mailing Address 1250 22nd Street, NW

City
Washington

State
DC

Zip Code
20037

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02412-04825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

188.87

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

The Barley House

Mailing Address 132 North Main Street

City
Concord

State
NH

Zip Code
03301

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02412-04826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

66.24

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mourayo

Mailing Address 1732 Connecticut Ave NW #100

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02412-04827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1293.44

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City
Dallas

State
TX

Zip Code
75235-1647

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02412-04828

Date of Disbursement

/ /

Amount of Each Disbursement this Period

307.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City
Newark

State
NJ

Zip Code
07101-0114

Purpose of Disbursement
Travel Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02412-04829

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Old Ebbitt Grill

Mailing Address 675 15th Street Northwest

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02412-04823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.09

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City
Newark

State
NJ

Zip Code
07101-0114

Purpose of Disbursement
Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02412-04830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

James P. Walsh Sedan Services

Mailing Address 1155 Connecticut Avenue, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02412-04821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

National Democratic Club

Mailing Address 30 Ivy Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02412-04822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

96.13

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Perkins Coie LLP

Mailing Address 1201 Third Avenue, 40th Floor

City
Seattle

State
WA

Zip Code
98101-3099

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02419-04819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3367.28

B.

Full Name (Last, First, Middle Initial)

Nexus Strategies, Inc

Mailing Address 434 Fayetteville Street
Suite 2020

City
Raleigh

State
NC

Zip Code
27601

Purpose of Disbursement
Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02420-04820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3590.47

C.

Full Name (Last, First, Middle Initial)

Jane Hedgepeth

Mailing Address 1339 Bonham Terrace

City
Austin

State
TX

Zip Code
78704

Purpose of Disbursement
Reimbursement - See Memo Items

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02421-0000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

356.80

SUBTOTAL of Disbursements This Page (optional)

7314.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address DFW International Airport

City Dallas State TX Zip Code 75261

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02421-04831

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2011

Amount of Each Disbursement this Period

196.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21b-01-02421-04853

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2011

Amount of Each Disbursement this Period

160.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

9640.71